

FAMILY GROUP CONFERENCE LIFELONG LINKS REFERRAL FORM

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| **Referrer’s Name** | **Team** | **Office No/****Mobile Tel** | **Email** | **Working Hours/****Availability****(Incl annual holiday)** |
|  |  |  |  |  |
| **Team Manager’s Name** | **Office No/ Mobile Tel** | **Email** |
|  |  |  |
| **Assistant Team Manager’s Name** | **Office No/ Mobile Tel** | **Email** |
|  |  |  |
| **Business Support Name** | **Office No/ Mobile Tel** | **Email** |
|  |  |  |
| **Independent Reviewing Officer (IRO) Name** | **Office No/ Mobile Tel** | **Email** |
|  |  |  |
| **Personal Advisor Name** | **Office No/ Mobile Tel** | **Email** |
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**ReferRed Child/ren:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referred Child’s Name** | **D.O.B** | **Gender** | **Child ID Number** | **School Name** | **Status of Child** | **Ethnicity** | **Orders** |
|  |  | Please select |  |  | Please select | Please select | Please select |
|  |  | Please select |  |  | Please select | Please select | Please select |
|  |  | Please select |  |  | Please select | Please select | Please select |

**Asylum seeking children/young people consent:**

|  |  |
| --- | --- |
| **Asylum seeking status of child/young person:** |  |
| **Personal Advisor Name:** | **Office No. / Mobile Tel.** | **Email** |
|  |  |  |
| **Immigration Lawyer Name:** | **Office No. / Mobile Tel.** | Email |
|  |  |  |
| **Has consent been received from the Immigration Lawyer that the LLL referral can proceed?** | **Please select** | **Date:** |

**OTHER Children IN THE FAMILY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Ethnicity** |
|  |  | Please select | Please select |
|  |  | Please select | Please select |
|  |  | Please select | Please select |

**PLACEMENT HISTORY**

**Please complete a chronology of the placement changes the young person has had or alternatively please attach a placement chronology**

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| **Placement Type** | **Date From** | **Date To** | **Reason for placement change** |
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**Current caregiver/s:**

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| --- | --- | --- | --- | --- |
| **Name** | **Relationship** to referred child/ren | **Address** including post code | **Phone** | **Email** |
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**Parents:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Mother / Father** | **Address** including post code | **Phone** | **Email** | **Ethnicity** |
|  | Please select |  |  |  | Please select |
|  | Please select |  |  |  | Please select |
|  | Please select |  |  |  | Please select |

**Extended family members, Friends, Foster Carers & Professionals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** to referred child/ren | **Address** including post code | **Phone** | **Email** |
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| **Child and Families first language?** |  |
| **Does the child or family need a translator? (If yes please include details of translator that has been used previously)** | **Please select** |  |
| **Is the child subject to a CP Plan?****If so under what category?**  | **Please select**Please select |
| **Are there any identified potential risks to the FGC Coordinator or family members?** | **Please select** | If yes provide details |
| **Is the child working with an Advocate/Keyworker?** | **Please select** | If yes provide details |
| **Contact issues/requirements between parents e.g., any Orders in place - Non-Molestation/Police Protection Order** | **Please select** | If yes provide details |
| **Contact issues/requirements between parents & child e.g., Supervised Contacts/Contact Centre** | **Please select** | If yes provide details |
| **Special needs of family/child e.g., disability, SEND?** | **Please select** | If yes provide details |
| **Are any of the following applicable to this referral?** Please select all that are relevant | **For the Child(ren)** Please selectPlease selectPlease selectPlease selectPlease selectPlease select | **For the Adults**Please selectPlease selectPlease selectPlease selectPlease selectPlease select |
| **Has the family had an FGC previously?** | Please select | When? Date: |
| **Desired outcomes to be achieved from the referral?** Please select all that are relevant: - | Please select Please select Please select Please select Please select Please select Other: |

**Other Agencies or professionals involved with the family:**

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| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Agency** | **Phone** | **Email** |
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| **WHAT OUTCOMES WOULD YOU LIKE FROM THIS LIFELONG LINKS REFERRAL?** **(to be discussed at the LLL Planning Meeting)** |
| Please include a summary of the current situation. Please be mindful that the contents of the referral will be shared with family members. What is the child/young person’s hopes and outcomes they would like to achieve through their Lifelong Links referral? |
| Background:Key Questions: |

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| --- | --- |
| **What would not be acceptable as part of the child or young person’s LLLs Plan?** |  |
| **Are there any significant dates i.e., – Children in care reviews or any other professional meetings that need to be avoided?** |  |

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| --- | --- |
| **Have you obtained authorisation of the person/Local Authority with parental responsibility to consent to information being shared for the LLLs Family Group Conference (FGC) preparation? If yes, please provide details:** | Please select |
| **Date Consent Given:**  |  |
| **By Whom:** |  |

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| **Child/Young person’s view of referral and possible outcomes:** |

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| --- | --- |
| **Referring Worker’s signature:** |  |
| **Date:** |  |
| **Team Manager’s signature:** |  |
| **Date:** |  |

***Please note, there is an expectation that the referrer will attend the entire Lifelong Links Family Group Conference to agree the plan as safe and sustainable and agree a Review date.***

**Please email this referral to:** **headoffice@daybreakfgc.org.uk**

**Any queries please telephone: 02380 696644**